

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**=62-042057**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 469

STATE FILE NUMBER

**FILED DEC 13 1962**

## 1. PLACE OF DEATH

a. COUNTY

Cole

b. CITY (If outside corporate limits, give TOWNSHIP only)

Jefferson City

Length of stay in 1b

Days

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION Memorial Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Miller

c. CITY

OR TOWN Dixon

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)

Tavern Rt.

Reside on Farm

Yes ☒ No ☐

## 3. NAME OF DECEASED

(Type or print)

First Middle Last  
Rufus Gordon Humphrey

First

Middle

Last

DATE OF DEATH

Month

Day

Year

November 29, 1962

5. SEX  
Male

6. COLOR OR RACE  
White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
7-29-1905

9. AGE (last birthday)  
57

IF UNDER 1 YEAR  
Months Days

IF UNDER 24 HR  
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Farmer & Stockman

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)  
Miller Co., Mo.

12. CITIZEN OF WHAT COUNTRY  
USA

13a. FATHER'S NAME

Walter W. Humphrey

13b. MOTHER'S MAIDEN NAME

Stella Crismon

14. NAME OF HUSBAND OR WIFE

Olive Scott Humphrey

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
No

17. INFORMANT

Address

Olive Humphrey Tavern Rt. Dixon, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

*Carcinomatous*

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

*Primary Left Kidney*

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10-1-62 to 11-29-62 and last saw him alive on 11-29-62  
Death occurred at 4:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

*Wm. V. McAnally M.D.*

22b. ADDRESS

*507 East High St. City*

22c. DATE SIGNED

*12-7-62*

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Dec. 2, 1962

23c. NAME OF CEMETERY OR CREMATORY

Union Cemetery

23d. LOCATION (City, town, or county)

Miller Co., Missouri

24. FUNERAL DIRECTOR

ADDRESS

Scrivner-Stevinson Iberia, Mo.

25. DATE RECD. BY LOCAL REG.

*8 December 1962*

26. REGISTRAR'S SIGNATURE

*R. Harris - N. Richter, Dep.*

DEC 14 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

*Jay A. Stevenson*

Licensed Embalmer No. 5201

P. O. Address Iberia, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.